

PROVIDER BULLETIN

PROVIDER INFORMATION



March 1, 2023

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ADMINISTRATIVE UPDATES

Reminder: Medicare Requirements for Reporting Provider Demographic Changes

(published in every summary of monthly bulletins)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) collaborates with providers to ensure accurate information is reflected in all provider directories. In accordance with Medicare requirements, Blue Cross is required to maintain accurate provider network directories for the benefit of our Subscribers.

- Accepting new patients
- Demographic address and phone changes
- Office hours or other changes that affect availability
- Tax ID changes
- Practitioner additions or terminations
- Branch additions

The appropriate form for each of these changes or updates can be located on the Blue Cross website at bluecrossmn.com/providers/provider-demographic-updates

Providers are obligated, per federal requirements, to update provider information contained in the National Plan & Provider Enumeration System (NPPES). Updating provider information in NPPES will provide organizations with access to a current database that can be used as a resource to improve provider directory reliability and accuracy. Providers with questions pertaining to NPPES may reference NPPES help at <https://nppes.cms.hhs.gov/webhelp/nppeshelp/HOME%20PAGE-SIGN%20IN%20PAGE.html>

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MEDICAL AND BEHAVIORAL HEALTH POLICY UPDATES

Present on Admission Code Required for Hospital Acquired Condition Diagnoses | P11-23

Blue Cross and Blue Shield of Minnesota (Blue Cross) will implement an edit in the Availity system on May 1, 2023, to reject inpatient hospital claims (Types of Bill 011X, 012X or 018X) billed with a Hospital Acquired Condition (HAC) diagnosis or HAC diagnosis and procedure code combination when submitted without a Present on Admission (POA) indicator. The claim must be resubmitted with the appropriate POA value indicating whether the diagnosis was present on admission.

Blue Cross's edit is aligned with the list of HAC diagnoses and HAC diagnosis and procedure code combinations defined by the Centers for Medicare Services (CMS). The list can be found at www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.

Products Impacted

- Commercial
- Medicare Advantage

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective May 1, 2023 | P12-23

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following prior authorization changes will be effective April 3, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-272	Teplizumab (Tzield™)	Yes	New	Commercial
II-172	Eteplirsen (Exondys 51)	No	New	Commercial
II-173	Accepted Indications for Medical Drugs Which are Not Addressed by a Specific Medical Policy: <ul style="list-style-type: none"> • Mirikizumab* • Omidubicel* 	No	New	Commercial
L33394	Coverage for Drugs & Biologics for Label & Off-Label Uses: <ul style="list-style-type: none"> • Mirikizumab* • Omidubicel* 	No	New	Medicare Advantage

*PA will be required upon FDA approval.

Products Impacted

- The information in this bulletin applies only to subscribers who have coverage through Commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- Providers may submit PA requests for any treatment in the above table starting **April 24, 2023**. Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
 - Go to www.bluecrossmn.com/providers/medical-management
 - Select “See Medical and Behavioral Health Policies” then click “Search Medical and Behavioral Health Policies” to access policy criteria.
- Current and future PA requirements and related clinical coverage criteria can be found using the Is Authorization Required tool in the Availity Essentials® portal or at bluecrossmn.com/providers/medical-management prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the PDF prior authorization lists for all lines of business go to bluecrossmn.com/providers/medical-management

Prior Authorization Requests

- For information on how to submit a prior authorization please go to bluecrossmn.com/providers/medical-management

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to <https://www.bluecrossmn.com/providers/medical-management>
- Select "See Medical and Behavioral Health Policies" then click "See Upcoming Medical and Behavioral Health Policy Notifications."

Questions?

Please contact provider services at (651) 662-5200 or 1-800-262-0820.

Medical Policy Updates: Coupe Health and Self-Funded Benefit Plans managed by Blue Cross and Blue Shield of Alabama | P14-23

Participating providers are invited to submit for consideration scientific, evidence-based information, professional consensus opinions, and other information supported by medical literature relevant to our draft policies for Coupe Health and Self-Funded benefit plans managed by Blue Cross and Blue Shield of Alabama.

The draft policies are available for physician comment for 45 days from the posting date found on the document. At the conclusion of the 45 days, policies will go into effect. Make sure your voice is heard by providing feedback directly to us.

How to Submit Comments on Draft Medical Policies

[Complete our medical policy feedback form](#) online at <https://mn-policies.exploremyplan.com/portal/web/mn-policies/feedback> or send comments and supporting documentation to us by mail or fax:

Birmingham Service Center
Attn: Health Management - Medical Policy
P.O. Box 10527
Birmingham, AL 35202
Fax: 205-220-0878

Draft Medical Policies

Draft medical policies can be found at [Policies & Guidelines \(exploremyplan.com\)](#)

Policy #	Policy Title
MP-387	Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas
MP-483	Transcatheter Aortic-valve Implantation for Aortic Stenosis
MP-752	Stationary Ultrasonic Diathermy Devices

Draft Provider-Administered Drug Policies

Draft provider-administered drug policies can be found at [Policies & Guidelines \(exploremyplan.com\)](#) and [Policies & Guidelines \(exploremyplan.com\)](#)

Policy #	Policy Title
PH-90421	Gamifant™ (emapalumab-lzsg)
PH-90514	Givlaari® (givosiran)
PH-90080	Leuprolide Suspension: Lupron Depot®, Lupron Depot-Ped®, Eligard®, Fensolvi®, Camcevi™, Lutrate Depot™
PH-90350	Luxturna® (voretigene neparvovec-rzyl)
PH-90512	Scenesse® (afamelanotide)
PH-90687	Tzield™ (teplizumab-mzwv)

New Coding Edits in Availity Essentials | P15-23

Blue Cross and Blue Shield of Minnesota (Blue Cross) will be implementing coding edits in Availity Essentials that will impact claims submitted on or after May 3, 2023. These coding edits currently result in claim denials and appeals. Beginning May 3, the claims will reject prior to entering the Blue Cross claims system and will need to be corrected and resubmitted.

The following edits will be implemented:

- Inappropriate Diagnosis Combination - this edit identifies ICD-10-CM diagnosis codes that are mutually exclusive and cannot be reported together by the same provider on the same claim.
- Inappropriate Diagnosis Code(s) on Maternal Claim – this edit identifies when a newborn delivery diagnosis code is reported on a maternal claim.
- Inappropriate Modifier Combination – this edit identifies CPT® and/or HCPCS modifier combinations that are inappropriate when submitted together on the same claim line.
- Inappropriate Modifier to Diagnosis – this edit identifies inappropriate modifier to diagnosis combinations.
- Not a Primary Diagnosis Code – this edit identifies ICD-10 diagnosis codes that are not allowed for reporting alone or as a primary diagnosis (i.e., sequenced first).
- ICD-10-CM Primary Diagnosis Only - this edit identifies ICD-10-CM diagnosis codes that may only be reported as the principal/first-listed diagnosis.
- Unspecified ICD-10-CM Code(s) With an Equivalent Right/Left Code – this edit identifies when ICD-10-CM codes(s) reported on the claim line define an unspecified ICD-10-CM diagnosis code which has an equivalent code for laterality (right or left).
- Medicare Facility Only Modifiers - The edit identifies claim lines that include modifier 73 or 74 submitted on a professional claim (excluding ambulatory surgery centers) as these modifiers are used by the facility to indicate that a procedure was terminated.

Blue Cross will reach out to the highest impacted providers prior to the implementation of these edits to assist in understanding the edits and to reduce the volume of future rejected claims.

Lines of Business Impacted

Commercial and Medicare

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

New Reimbursement Policy: Skilled Nursing Services in the Home, Effective May 1, 2023 | P16-23

Blue Cross and Blue Shield of Minnesota (Blue Cross) will be implementing a new reimbursement policy: General Coding – 080 Skilled Nursing Services in the Home effective May 1, 2023. This policy, which applies to services reported on an institutional electronic claim format (837I), addresses the coding and reimbursement of skilled nursing services provided in a patient's home:

- Blue Cross considers intermittent skilled nursing services in the home, reported with HCPCS codes T1030 or T1031, to include up to 2 consecutive hours of skilled nursing services per date of service.
- Skilled nursing services in the home greater than 2 hours per date of service may be necessary in limited situations. Charges should be submitted with the following HCPCS codes and modifiers as appropriate: T1002, T1002-TG, T1002-TT, T1003, T1003-TG, T1003-TT.
- Per hour home care nursing codes S9123 and S9124 will be accepted, however, they will only be reimbursed up to 1 unit per day.

Products Impacted

Commercial

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

New Medical, Medical Drug and Behavioral Health Policy Management Updates: Effective January 2, 2023 | P69R1-22

Revision: Blue Cross is revising Provider Bulletin P69-22, published on 11/1/2022. The PA for pegcetacoplan (Empaveli®)* was noted incorrectly. This should read: pegcetacoplan (Syfovre™)*. All other information remains the same.

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be expanding utilization management requirements, including prior authorization (PA) requirements.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive the highest quality, evidence-based care. This is accomplished through expanded development of medical policies and through management of these policies to include the PA process. The primary purpose of the PA process is to ensure that evidence-based care is provided to our subscribers, driving quality, safety, and affordability.

The following prior authorization changes will be effective January 2, 2023:

Policy #	Policy Title/ Service	New Policy	Prior Authorization Requirement	Line(s) of Business
II-267	Betibeglogene autotemcel (Zynteglo®)	Yes	New	Commercial
L33394	Drugs and Biologicals, Coverage of, for Label and Off-Label Uses <ul style="list-style-type: none">• Ublituximab (TG-1101)*• Pegcetacoplan (Syfovre™)*• Entranacogene Dezaparvec (EtranaDez)*	No	New	Medicare Advantage
II-173	Accepted Indications for Medical Drugs Which are not Addressed by a Specific Medical Policy <ul style="list-style-type: none">• Ublituximab (TG-1101)*• Pegcetacoplan (Syfovre™)*	No	New	Commercial

*PA will be required upon FDA approval.

Products Impacted

- The information in this bulletin applies only to Blue Cross subscribers who have coverage through commercial and Medicare Advantage lines of business.

Submitting a PA Request when Applicable

- **Providers may submit PA requests for any treatment in the above table starting December 26, 2022.**
- Providers must check applicable Blue Cross policy and **attach all required clinical documentation** with the PA request. PA requests will be reviewed when patient-specific, relevant medical documentation has been submitted supporting the medical necessity of the service. Failure to submit required information may result in review delays or a denial of the request due to insufficient information to support medical necessity. If a provider does not obtain the required PA before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.
- PA approval will be based on the Blue Cross policy criteria. To review Blue Cross criteria:
 - Go to bluecrossmn.com/providers/medical-management
 - Select “See Medical and Behavioral Health Policies” then click “Search Medical and Behavioral Health Policies” to access policy criteria
- Current and future PA requirements and related clinical coverage criteria can be found using the *Is Authorization Required* tool in the Availity Essentials® portal or at bluecrossmn.com/providers/medical-management prior to submitting a PA request.
- Prior authorization lists are also updated to reflect additional PA requirements on the effective date of the management change and includes applicable codes. To access the PDF prior authorization lists for all lines of business go to bluecrossmn.com/providers/medical-management

Prior Authorization Requests

For information on how to submit a prior authorization please go to bluecrossmn.com/providers/medical-management

Note: An approved PA does not guarantee coverage under a subscriber’s benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

Reminder Regarding Medical Policy Updates & Changes:

Medical Policy changes are communicated in the Upcoming Medical Policy Notifications section of the Blue Cross Medical and Behavioral Health Policy website. The Upcoming Policies section lists new, revised, or inactivated policies approved by the Blue Cross Medical and Behavioral Health Policy Committee and are effective at minimum 45 days from the date they were posted. To access the website:

- Go to bluecrossmn.com/providers/medical-management
- Read and accept the Blue Cross Medical Management Disclaimer
- Select the Medical Policies tab, then click “See Upcoming Medical Policy Notifications”

Questions?

Please contact provider services at **(651) 662-5200** or **1-800-262-0820**.

MINNESOTA HEALTH CARE PROGRAMS (MHCP) UPDATES

Updated Minnesota Health Care Programs (MHCP) & Minnesota Senior Health Options (MSHO) Prior Authorization & Medical Policy Requirements | P13-23

Effective May 1, 2023, Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will be updating its government programs medical policy and pre-authorization/pre-certification/notification lists. The lists clarify Medical Policy, prior authorization, and notification requirements for MHCP (Families and Children, MinnesotaCare, and Minnesota Senior Care Plus) and MSHO products.

As stewards of healthcare expenditures for our subscribers, we are charged with ensuring they receive appropriate, quality care while also maintaining overall costs. The prior authorization process ensures that the health service or drug being proposed is medically necessary, and reflective of evidence-based medicine and

industry standards, prior to treatment. This process helps us manage the cost and quality of care appropriately for our members.

The following **new** policies and/or prior authorization requirements **will be applicable** to subscriber claims on or after **May 1, 2023**:

Policy #	Policy name	New policy	Prior authorization required	
			MHCP	MSHO
MED.00143	Ingestible Devices for the Treatment of Constipation	Yes	No	No
CC-0222	Tecvayli (teclistamab-cqyv)	Yes	Yes	Yes
CC-0223	Imjudo (tremelimumab-actl)	Yes	Yes	Yes
CC-0224	Pedmark (sodium thiosulfate injection)	Yes	Yes	Yes
CC-0225	Tzield (teplizumab)	Yes	Yes	Yes

The following policies have transitioned to new policy numbers, with changes in clinical criteria, and **will be applicable** to subscriber claims on or after **May 1, 2023**:

New policy #	Prior policy #	Policy name	Prior authorization required	
			MHCP	MSHO
CG-MED-93	MED.00099	Navigational Bronchoscopy	No	No
CG-SURG-115	SURG.00098	Mechanical Embolectomy for Treatment of Stroke	No	No
CG-SURG-116	CG-MED-63	Surgical Treatment of Hyperhidrosis	Yes	Yes
CG-MED-28	CG-MED-63	Iontophoresis	No	No
CG-GENE-14	CG-GENE-17; CG-GENE-07	Gene Mutation Testing for Cancer Susceptibility and Management	Yes	Yes
CG-GENE-13	CG-GENE-23; GENE.00033; GENE.00037; GENE.00038; GENE.00039	Genetic Testing for Inherited Diseases	Yes	Yes
GENE.00052	CG-GENE-23; GENE.00037	Whole Genome Sequencing, Whole Exome Sequencing, Gene Panels, and Molecular Profiling	Yes	Yes
MHCP	CC-0207	Vyvgart (efgartigimod alfa-fcab)	Yes	Yes
MHCP	CC-0216	Opdualag (nivolumab and relatlimab-rmbw)	Yes	Yes
MHCP	CC-0211	Kimtrak (tebentafusp-tebn)	Yes	Yes
MHCP	CC-0210	Enjaymo (sutimlimab-jome)	Yes	Yes
MHCP	CC-0205	Fyarro (sirolimus albumin bound)	Yes	Yes

The following policies have changes in clinical criteria and **will be applicable** to subscriber claims on or after **May 1, 2023**:

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
ADMIN.00001	Medical Policy Formation	No	No
CG-ANC-07	Inpatient Interfacility Transfers	No	No
CG-DME-44	Electric Tumor Treatment Field (TTF)	Yes	Yes
CG-LAB-13	Skin Nerve Fiber Density Testing	No	No
CG-MED-86	Enhanced External Counterpulsation in the Outpatient Setting	No	No
CG-SURG-03	Blepharoplasty, Blepharoptosis Repair, and Brow Lift	Yes	Yes
CG-SURG-83	Bariatric Surgery and Other Treatments for Clinically Severe Obesity	Yes	Yes
MED.00130	Surface Electromyography and Electrodermal Activity Sensor Devices for Seizure Monitoring	No	No
MED.00140	Gene Therapy for Beta Thalassemia	Yes	Yes
MED.00142	Gene Therapy for Cerebral Adrenoleukodystrophy	Yes	Yes
SURG.00010	Treatments for Urinary Incontinence	Yes	Yes
SURG.00023	Breast Procedures including Reconstructive Surgery, Implants and Other Breast Procedures	Yes	Yes
SURG.00097	Scoliosis Surgery	No	No
CC-0130	Imfinzi (durvalumab)	Yes	Yes
CC-0059	Selected Injectable NK-1 Antiemetic Agents	Yes	Yes
CC-0148	Agents for Hemophilia B	Yes	Yes
CC-0149	Select Clotting Agents for Bleeding Disorders	Yes	Yes
CC-0065	Agents for Hemophilia A and von Willebrand Disease	Yes	Yes
CC-0124	Keytruda (pembrolizumab)	Yes	Yes
CC-0168	Tecartus (brexucabtagene autoleucel)	Yes	Yes
CC-0195	Abecma (idecabtagene vicleucel)	Yes	Yes
CC-0150	Kymriah (tisagenlecleucel)	Yes	Yes
CC-0151	Yescarta (axicabtagene ciloleucel)	Yes	Yes
CC-0072	Selective Vascular Endothelial Growth Factor (VEGF) Antagonists (Alymsys, Avastin, Byooviz, Macugen, Mvasii, Vabysmo and Zirabev only)	Yes	Yes
CC-0100	Istodax (romidepsin)	Yes	Yes
CC-0204	Tivdak (tisotumab vedotin-tftv)	Yes	Yes
CC-0205	Fyarro (sirolimus albumin bound)	Yes	Yes

The following policies and/or prior authorization requirements will be archived and **will not be applicable** under the medical benefit plan to subscriber claims on or after **May 1, 2023**:

Policy #	Policy name	Prior authorization required	
		MHCP	MSHO
MED.00065	Hepatic Activation Therapy	No	No
REHAB.00003	Hippotherapy	No	No
SURG.00082	Computer-Assisted Musculoskeletal Surgical Navigational Orthopedic Procedures of the Appendicular System	No	No
CG-MED-63	Treatment of Hyperhidrosis	Yes	Yes

Where do I find the current government programs *Precertification/Preauthorization/Notification List*?

- Go to https://provider.publicprograms.bluecrossmn.com/docs/inline/MNMN_CAID_PriorAuthorizationList.pdf?v=202203311948.

or

- Go to [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) > Tools & Resources > Minnesota Health Care Programs site > Prior Authorization > *Prior Authorization List*.

Where do I find the current government programs *Medical Policy Grid*?

- Go to https://provider.publicprograms.bluecrossmn.com/docs/gpp/MNMN_CAID_MedicalPolicyGrid.pdf?v=202203311949.

or

- Go to [bluecrossmn.com/providers](https://www.bluecrossmn.com/providers) > Tools & Resources > Minnesota Health Care Programs site > Resources > Manuals and Guidelines > Medical Policies and Clinical UM Guidelines > *Medical Policy Grid*.

Where can I access *Medical Policies*?

- MHCP policies: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_157386
- Blue Cross policies: <https://www.bluecrossmn.com/providers/medical-policy-and-utilization-management>
- Amerigroup policies: <https://provider.publicprograms.bluecrossmn.com/minnesota-provider/medical-policies-and-clinical-guidelines>

and

<https://www.anthem.com/pharmacyinformation/clinicalcriteria>

Please note that the **Precertification Look-Up Tool** is not available for prior authorization look up.

Questions?

If you have questions, please contact Blue Cross Provider Services at **1-866-518-8448**.